Form **4720**

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service (Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

Go to www.irs.gov/Form4720 for instructions and the latest information.

For cale	endar year 2024 or other tax year beginning , 2024, and ending	, 20					
Name c	f organization, entity, or person subject to tax	EIN or SSN					
Numbe	r, street, and room or suite no. (or P.O. box if mail is not delivered to street address)	Amended return					
		Check box for type of annual return:					
City or	own, state or province, country, and ZIP or foreign postal code	☐ Form 990 ☐ Form 990-EZ					
		Form 990-PF Other					
		Form 5227					
_		Yes No					
Α	Is the organization a foreign private foundation within the meaning of section 4948(b)?						
В	Show conversion rate to U.S. dollars. See instructions	4700 with respect to					
В	more than one organization in the current tax year? See instructions	· I I					
	If "Yes," attach a list showing the name and EIN for each organization with respect to which y						
	current tax year.						
Part	Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))	4943(a), 4944(a)(1), 4945(a)(1),					
1	Tax on undistributed income—Schedule B, line 4	1					
2	Tax on excess business holdings—Schedule C, line 7	2					
3	Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (f)	3					
4	Tax on taxable expenditures—Schedule E, Part I, column (h)	4					
5	Tax on political expenditures—Schedule F, Part I, column (f)	5					
6	Tax on excess lobbying expenditures—Schedule G, line 4	6					
7	Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)	7					
8	Tax on premiums paid on personal benefit contracts	8					
9	Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h) .	9					
10	Tax on taxable distributions—Schedule K, Part I, column (f)	10					
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement .	11					
12	Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2	12					
13	Tax on excess executive compensation—Schedule N	13					
14	Tax on net investment income of private colleges and universities—Schedule O	14					
15	Total (add lines 1–14)	15					
Part	Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advise (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2),	•					
Name	and address of related organization; city or town, state or province, country, ZIP or foreign postal code	Employer identification number					
1	Tax on self-dealing—Schedule A, Part II, column (d); and Part III, column (d)	1					
2	Tax on investments that jeopardize charitable purposes—Schedule D, Part II, column (d)	2					
3	Tax on taxable expenditures—Schedule E, Part II, column (d)	3					
4	Tax on political expenditures—Schedule F, Part II, column (d)	4					
5	Tax on disqualifying lobbying expenditures—Schedule H, Part II, column (d)	5					
6	Tax on excess benefit transactions—Schedule I, Part II, column (d); and Part III, column (d) .	6					
7	Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, column (d) .	7					
8	Tax on taxable distributions—Schedule K, Part II, column (d)	8					
9	Tax on prohibited benefits—Schedule L, Part II, column (d); and Part III, column (d)	9					
10	Total—Add lines 1 through 9	10					
Part	•						
1	Total tax (Part I, line 15 or Part II, line 10)	1					
2	Total payments including amount paid with Form 8868 (see instructions)	2					
3	Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)	3					
4	Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund	4					

	SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)									
Part	Acts of Self-	Dealing	and Ta	x Computati	ion					
(a) Act number	(b) Date of act	(c) Correct Yes	tion made?				(d) Description of act			
1										
2										
3										
4										
5										
Ì	e) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the act		(f) Amo	unt involved in act	:	((g) Initial tax on self-dealer (10% of col. (f))	'	h) Tax on foundation managers (if applicable) sser of \$20,000 or 5% of col. (f))	
								 -		
								 -		
								 -		
								 		
Part I	Summary of	Tax Lia	bility of	Self-Dealers	s and I	Prorati	ion of Payments			
	(a) Names of se				(b) Act r Part I,	no. from	(c) Tax from Part I, col. (g) or prorated amount		(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)	
Part I	I Summary of	Tax Lia	bility of	Foundation	Mana	gers a	nd Proration of Payme	nts		
	(a) Names of founda				(b) Act r	no. from	(c) Tax from Part I, col. (h) or prorated amount		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
		SCHE	DUIFR	_Initial Tav	on Hn	distrik	outed Income (Section	1942\		
1	Undistributed incom						2024, Part XII, line 6d)	+942) 1		
	Undistributed incon							2		
3		income	at end of	current tax ye	ear beg	inning i	in 2024 and subject to ta:			
		-						4		
		00		,			<u> </u>		I .	

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SCHEDULE C-Initial Tax on Excess Business Holdings (Section 4943)

If you h	ess Holdings aun nave taxable excestions for each line	ss holding	gs in more	e than one busin	ness e	nterprise	, attach	a separ	ate sched	ule for	each ente	erprise. F	Refer to the
	nd address of busin			<u> </u>									
Employ	yer identification n	umber .											
Form o	of enterprise (corpo	oration, p	artnershi	o, trust, joint ver	nture,	sole prop	rietorsl	hip, etc.)					
						(a) Voting stock (profits interest or beneficial interest)		t or Va		(b) √alue		(c) Nonvoting stock (capital interest)	
1	Foundation holding	ngs in bus	siness en	terprise	1			%			%		
2	Permitted holding	ıs in busir	ness ente	rprise	2			%			%		
3	Value of excess h	oldings ir	n busines	s enterprise	3								
4	Value of excess												
	days; or, other subject to section												
5	Taxable excess I		-	=	4								
	line 3 minus line 4	_			5								
6	Tax-Enter 10%	of line 5			6								
7	Total tax—Add a												
	(b), and (c); enter	total here	and on I	Part I, line 2	7								N/ NI
	Did the organizati			-	•								Yes No
	Attach a statemer			rective action ta								n 4944)	
Part					J.110	mat oct	para.	<u>Lo Griai</u>	itabio i	u. poot	3 (000110	11 10 1 1)	
(a) Investme numbe	ent (b) Date of	(c) Co	rrection ide?		otion of investment			(e) Amount of investment		(f) Initial tax on foundation (10% of col. (e))		foundat (if ap (lesse	nitial tax on ion managers plicable)— r of \$10,000 % of col. (e))
1		<u> </u>						ļ 					
3		 											
4		İ						İ					
5													
	-Column (f). Enter												
Part	-Column (g). Enter			of Foundation						ents			
	(a) Names of four				(b) Ir no. fr	nvestment rom Part I,		a) Tax from	Part I, col. (c		(add	amounts ir	
						col. (a)					(S	ee instruct	ioriaj

Page 3

Part I	Evnenditure	s and Computa			es on 1a	axabi	e Expenditures	Section	4940	0)	
	Experiantare			orrection	made?						
(a) Item number	(b) Amount	(c) Date paid or incurred	Ye	1	No No		(e) Na	me and add	ress of	recipient	
1											
2											
3											
4											
5											
	(f) Description of e.	xpenditure and purpose	es for whi	ch made		F	Question number from orm 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure		tax im oundati of col.	iposed f	Initial tax imposed on foundation managers (if applicable) — (lesser of \$10,000 or 5% of col. (b))
Total C	column (b) Enter b	nava and an Davit I	line 4								
	. ,	nere and on Part I,			d in Dad		lumn (c), below .				
Part II							and Proration of				
raitii	Summary O	I TAX LIADIIITY OF	r Ouri	uatioi	I Wana	gers (rayiiiei	ito	(d) Manag	por's total tax liability
	(a) Names of founda	ation managers liable fo	or tax		(b) Item r Part I, o		(c) Tax from Pa or prorated			(add a	ger's total tax liability mounts in col. (c)) e instructions)
										<u> </u>	
										_	
Doubl	F				es on Po	olitica	al Expenditures	Section	4955	5)	
Part I	Expenditure	es and Computa	ition o	тіах	_						1
(a) Item number	(b) Amount	(c) Date paid or incurred	1 ' '	rrection ade?	(e)	(e) Description of political expenditure				tax imposed ganization bundation of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
1		ļ	ļ	ļ							
2			ļ	ļ							
3			. .	ļ							
4			· 	ļ							
5	-l (f)	D	li								
		ere and on Part I, otal (or prorated a			nd in Da			-			
Part II							r Foundation Mar			roration o	of Paymonts
raitii	Summary of	Tax Liability Of V	Organii	Zauoi	I wanay	ers o		iayers a	iiu P		
		rganization managers o nanagers liable for tax	r		(b) Item r Part I, o		(c) Tax from Pa or prorated			(add a	ger's total tax liability mounts in col. (c)) e instructions)
							-			<u> </u>	
					1		1			1	

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	SC	HEDUL	EG-	Tax on Exc	ess Lobbying	Expenditures	(Section 4911))	•		
	1 Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.)										
	Excess of lobbying exp Part II-A, column (b), lir	2									
3	Excess lobbying expen		3								
4	Tax-Enter 25% of line	3 here a	nd on F	Part I. line 6				4			
	SCHE	OULE H-	-Taxe	s on Disqu	alifying Lobb	ying Expendit	ures (Section 4	912)			
Part l	Expenditures a	nd Com	putati	on of Tax			,				
(a) Item number	(b) Amount	(c) Date or incur		(d) Description of lobbying expenditures (e) Tax imposed on organization (5% of col. (b))				n	(f) Tax imposed on organization managers (if applicable)— (5% of col. (b))		
2											
4				 							
5	Column (e). Enter here	and on B	ort I lir	20.7							
	Column (f). Enter total										
Part I								•			
	(a) Names of organization				(b) Item no. from Part I, col. (a)	(c) Tax from Pa or prorated	art I, col. (f),		anager's total tax liability Id amounts in col. (c)) (see instructions)		
D						efit Transactio	ns (Section 49	58)			
Part	Excess Benefit				omputation						
(a) Transact numbe	1	(c) Correct Yes	ion made No	e?		(d) Description	n of transaction				
1		ļ									
2											
3											
<u>4</u>		ļ 									
(e) Amount of excess benefit (7) Initial tax on disqualined persons							(if applic				
							(lesser of \$2	20,000 0	or 10% of col. (e))		
						l l					

Part II				Proration of Payments	
Fait II	(a) Names of disqualified p		(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
					(500
Part III	Summary of Tax	Liability of 501(c)(3),	(c)(4) & (c)(29) C	Organization Managers a	and Proration of Payments
((a) Names of 501(c)(3), (c)(4) managers liabl		(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
	SCHEDITE	Favos on Raing a Bar	by to Probibited	l Tax Shelter Transaction	ns (Saction 4065)
Part I					empt Entity (see instructions
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 — Listed 2 — Subsequently listed 3 — Confidential 4 — Contractual protection	,	(d) Description of transa	
1					
2					
3					
4					
5					
reason to kn	ax-exempt entity know or ha ow this transaction was a P ame a party to the transaction	TST (f) Net income attr		g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total—Co	lumn (h) Enter here a	nd on Part I line 0	-		

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Part II	Tax Imposed	on Entity Managers (Section	on 4965) C	Con	tinued		•
	(a) Name of	entity manager	(b) Transact number fro Part I, col. (m	(c) Tax—enter \$20,000 for each transaction listed in col. (b for each manager in col. (a)	o)	(d) Manager's total tax liability (add amounts in col. (c))
	SCHEDULE K-	Taxes on Taxable Distrib	outions of	Spo	onsoring Organizations See the instructions.	Mair	ntaining Donor
Part I	Taxable Distr	ibutions and Tax Computa		ω,.	occ the mandetions.		
(a) Item number		ume of sponsoring organization and donor advised fund			(c) Descriptio	n of dis	stribution
1							
2							
3							
4							
(d) [Date of distribution	(e) Amount of distribution	n		(f) Tax imposed on organization (20% of col. (e))	(le	(g) Tax on fund managers sser of 5% of col. (e) or \$10,000)
Fotal—C	Column (f) Enter her	e and on Part I, line 10					
		tal (or prorated amount) here ar	nd in Part II.	. col	lumn (c), below		
Part II		Γax Liability of Fund Mana				1	
	(a) Name of fund n	nanagers liable for tax	(b) Item no from Part col. (a)		(c) Tax from Part I, col. (g) or prorated amount		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See the instructions.

Part I	Prohibited Benefit	s and Tax	Computation	on			
(a) Item number	(b) Date of prohibited benefit				(c) Description of b	enefit	
1							
2							
3							
4							
5							
	(d) Amount of prohibited benef	it	(e) Tax on dono	rs, donor advisors, (125% of col. (d)) (see instructions)		(lesser of	und managers (if applicable) 10% of col. (d) or \$10,000) (see instructions)
Part II	Summary of Tax L	iability of	Donors, Do	nor Advisors	, Related Pers	sons, and Pro	ration of Payments
	(a) Names of donors, don related persons liab	or advisors, o		(b) Item no. from Part I, col. (a)	(c) Tax from or prorate	Part I, col. (e)	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
Part III	Summary of Tax L	iability of	Fund Mana	gers and Pro	ration of Payr	nents	1
(a) Names of fund managers liable for tax			(b) Item no. from Part I, col. (a)	(c) Tax from or prorate	Part I, col. (f) d amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)	

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Schedule M-Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.) Part I Failures to Meet Section 501(r)(3) (d) Tax year hospital (e) Tax year hospital (a) Item (c) Description of the failure facility last adopted an (b) Name of hospital facility facility last conducted number a CHNA implementation strategy 2 3 4 5 Part II **Computation of Tax** Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) 1 Tax—Enter \$50,000 multiplied by line 1 here and on Part I, line 12 2 SCHEDULE N-Tax on Excess Executive Compensation (Section 4960). (See instructions.) (a) Item (d) Excess parachute (e) Total. (b) Name of covered employee (c) Excess remuneration payment Add column (c) and (d) number 2 3 4 5 6 Attachment, if necessary. See instructions Total (add column (e) items 1-6) Tax. Enter 21% of the amount above here and on Part I, line 13 SCHEDULE O-Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968) (e) Administrative (c) Gross (f) Net investment (d) Capital gain expenses allocable (a) Name (b) EIN investment income income to income included net income (See instructions.) (See instructions.) in cols. (c) and (d) 1 Filing Organization 2 Related Organization 3 Related Organization Related Organization

Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14

5

6

7

Total

Total from attachment, if necessary

Form 4720 (2024) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Signature of officer or trustee Title Date Here Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person May the IRS discuss this return with the preparer shown below? (see instructions) Yes Preparer's name Preparer's signature Date **Paid** Check if self-employed

Preparer

Use Only

Firm's name

Firm's address

Form **4720** (2024)

Firm's EIN

Phone no.